

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AGE 16 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27541

1. PLACE OF DEATH

County Registration District No. **7911**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4446**, **Virginia**)

File No.
Registered No. **7787**
St. Ward)

2. FULL NAME **Henry V Ost**

(a) Residence, No. **4446 Virginia** St. **15** Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 12 1889**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 -- 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Meat Cutter**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER
13. NAME **Henry J. Ost**
14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

MOTHER
15. MAIDEN NAME **Emma Friedauer**
16. BIRTHPLACE (CITY OR TOWN) **Switzerland** (STATE OR COUNTRY)

17. INFORMANT **Emma Ost** (ADDRESS) **4446 Virginia Ave**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Sunset** DATE **July 30**, 19**34**

19. UNDERTAKER **Dr. Schumacher** (ADDRESS) **3013 Mexamec St.**

20. FILED **31**, 19**34** **J. Kiedeck** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-26-1934**
22. I HEREBY CERTIFY, That I attended deceased from **Oct 20** 19**33** to **July 26** 19**34**
I last saw him alive on **July 26** 19**34** Death is said to have occurred on the date stated above, at **10** m.
The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Nephrosis
131
135
Other contributory causes of importance:
Chronic Cystitis

Name of operation Date of
What test confirmed diagnosis? **chemical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **W. H. H. H. H. H.** M. D.
(Address) **St. Louis**

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